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ABSTRACT

Eight local education funds (LEFs) assessed the level of local school health programs and created plans to establish or enhance comprehensive school health education programs. In 1995, six sites received 3-year implementation grants. In 1999-00, five sites received funds for assessing community capacity to address and sustain commitments to comprehensive school health initiatives. This report summarizes the work of four LEF sites. Information on existing health curricula came from surveys, interviews, focus groups, and reviews of past surveys. The quality of information students received varied widely between sites. Most communities approached sexual health education with a coalition of players (the school district, health care providers, and philanthropists). Capacities to develop comprehensive health education programs varied from region to region. LEFs are working to improve the quality and reach of health programs in their communities. For example, one is developing a statewide public engagement curriculum on HIV. Another plans to use its parent liaisons as emissaries who can advocate for and emphasize the importance of HIV/AIDS education. Another hopes to enlist the support of existing school action committees to heighten awareness of deficiencies in health programs. The fourth hopes to promote better coordination between public schools and outside organizations. (SM)

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LESSONS FROM THE FIELD: GETTING COMMUNITIES INVOLVED IN IMPROVING SEXUAL HEALTH EDUCATION

Public Education Network
March 2002

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MARCH 2002

Getting Communities Involved in Improving Sexual Health Education

The mission of Public Education Network is to create systems of public education that result in high achievement for every child.

The Network mobilizes citizens and communities to increase public responsibility for ensuring the right of every child to attend a high-quality public school. Equal opportunity, access to quality public schools and an informed citizenry are all critical components of a democratic society.

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Healthcare professionals are becoming increasingly alarmed by the number, and progressively younger ages, of school children who are sexually active. The problem has reached such proportions that the Centers for Disease Control and Prevention (CDC) considers risky sexual activity one of the leading health problems contributing to disability and death for youth and young adults.

According to CDC, half of all high school students have had sexual intercourse. Of these, 8.3 percent began having sexual intercourse before age 13. About 16 percent of all students have had intercourse with more than four partners, and 36 percent of all students were sexually active at the time the data were collected.

Of great concern to health professionals is the fact that 42 percent of sexually active students did not use a condom during their last sexual encounter and only 16 percent used birth control pills. Nearly 6.5 percent reported that they had been pregnant or had made someone pregnant.

Before HIV and AIDS, these kinds of statistics would have been reason enough for concern. But considering the risk of infection, pregnancy and increased rates of school dropout, these numbers are understandably causing consternation among school officials, parents and community members.

For many years, schools have taken on the responsibility of providing students with information and services for healthy living since poor health can be a significant barrier to learning. Studies have shown, for example, that children who come to school chronically malnourished have lower standardized test scores, while physically fit students have higher grade-point averages and higher levels of self-esteem.

Because the academic challenges facing schools are increasingly complex, families and community agencies must work cooperatively with schools to resolve the non-academic issues that hamper learning. Linkages and partnerships between schools

The Lancaster Foundation for Educational Enrichment expects to use the community-wide Network for Safe and Healthy Children to help improve HIV/AIDS services to students, increase the focus on pregnancy prevention and reduce the incidence of sexually transmitted diseases.

Lancaster Foundation for Educational Enrichment

and their communities not only help combat the non-academic issues that get in the way of student achievement but also serve to broadly reengage public support for local public schools.

Since 1994, Public Education Network (PEN) has been working with local education funds (LEFs) to engage communities in developing comprehensive school health programs in public schools. The effort follows a research-supported eight-component model developed by CDC, the federal agency funding the initiative.

According to CDC, a comprehensive school health program must have the following elements:

- Health Education
- Physical Education
- Health Services
- Nutrition Services
- Health Promotion for Staff
- Counseling and Psychological Services
- Healthy School Environment
- Parent/Community Involvement

Using these criteria, PEN asked eight LEFs to survey and assess the level of school health programs in their communities and to create plans to either establish or enhance comprehensive school health programs. In 1995, six of these sites received three-year implementation grants. In the 1999-2000 school year, five of the six sites received funds for assessing the capacity of their communities to address and sustain commitments to their comprehensive school health initiatives beyond the life of the PEN grants. These LEFs are located in Buffalo, NY; Lancaster, PA; McKeesport (MonValley), PA; Paterson, NJ; and Atlanta, GA. This edition of *Lessons from the Field* summarizes the work of four of these LEFs so that others might learn from their experiences.

How LEFs Gathered Information

The LEFs employed various strategies to gather information about existing health curricula, including surveys, interviews, focus groups and reviews of past surveys.

The **Education Fund for Greater Buffalo**, as part of a community coalition, decided not to conduct its own health survey because 15 related surveys had been conducted within the past five years. Instead, the coalition chose to review the findings of the surveys and report them out as a meta-survey. In addition, the coalition conducted interviews and administered questionnaires to six principals of low-performing schools situated in communities where large numbers of children live in poverty.

The **Mon Valley Education Consortium** invited all 25 urban, suburban and rural school districts in the region bordering the Monongahela River near Pittsburgh, to participate in the assessment. Of the 25 invited, 13 elected to participate. Surveys were administered to 8 groups across the region, including community members, school counselors, health teachers, school nurses, nutrition staff, physical education teachers, general school staff and students. The survey instruments, developed by the LEF, were modeled after the coordinated school health program surveys developed

by the Academy for Educational Development.

Data were also gathered at a series of five meetings convened between October and November 2000. In the facilitated meetings—advertised in libraries, supermarkets and other public places—participants were asked to consider the following question: "What health/safety topics or issues should schools address?" Participants wrote down their thoughts, which were discussed and then posted on the wall. In a final step, participants ranked their top five issues.

The **Paterson Education Fund** adapted its data gathering instruments from PEN's comprehensive school health initiative toolkit. Parents, school staff (primarily teachers but also some support staff), school nurses and principals were surveyed. Other key informants included a counselor, the supervisor of nurses, the food service director for Paterson Public Schools, the medical director of a community health center, the director of the Paterson Division of Health and the director of a prenatal program.

To ensure quality and consistency, all volunteers conducting the interviews received training and all instruments were tested before implementation. The surveys were uniformly administered within a fixed period of time.

The **Lancaster Foundation for Educational Enrichment's** assessment instrument was developed by the Millersville University Center for Opinion Research. The 68-question survey was distributed to 65 individuals, including school nurses, medical technicians, health and physical education teachers, principals and curriculum administrators. Sixty-nine percent of the survey recipients responded. The LEF's assessment process also included a focus group with school nurses and in-depth interviews with the district's head nurse and a district curriculum writer.

Findings on the Curriculum for HIV, Sexually Transmitted Diseases and Pregnancy Prevention

The quality of information students receive on HIV/AIDS, sexually transmitted diseases and pregnancy prevention varies widely from one LEF community to another. In some communities, public resistance to discussion of such sensitive topics has prevented an honest and frank dialogue. In others, teachers acknowledged the importance of the subject matter but reported that a heavy emphasis on academic standards leaves little time for discussion of perceived "extras" like healthcare.

In Buffalo, despite evidence of HIV/AIDS infection in adolescents, students receive little sexual health education in school. As of 1999, 72 cases of AIDS had been reported in Erie County in persons under the age of 20, but health officials say the data do not reflect the true incidence of HIV infection.

In Buffalo schools, the first part of the health curriculum is delivered by sixth grade teachers, who cover the basics of human anatomy and substance abuse but do not discuss HIV/AIDS or sexually transmitted diseases. Physical education teachers teach the health curriculum in the seventh grade, again focusing on anatomy and substance abuse with no discussion of HIV/AIDS or sexually transmitted diseases. At the high school level, the health curriculum is taught by physical education teachers and includes small sections related to sexually transmitted diseases.

Questionnaires about the health curriculum were administered to principals in six low-achieving, high-poverty Buffalo schools. The questionnaire asked the principals to rank, on a scale of one to five, whether certain items were addressed in the curriculum, with one being not addressed at all and five being fully addressed. Five principals responded to the questionnaire. Three gave the lowest possible scores to curricula addressing the topics of HIV, sexually transmitted diseases and pregnancy prevention; the other two gave scores of two and three to the same curricula.

The Buffalo LEF found that residents believe HIV/AIDS and pregnancy prevention information is needed to develop healthy attitudes among children. At the same time, however, the community is ambivalent about the delivery of such services in school. The survey unearthed concerns about the age appropriateness of the information and whether it should be presented without the consent of parents. In general, community members felt more comfortable with outside agencies and organizations providing information on HIV/AIDS and pregnancy prevention.

The Mon Valley LEF received conflicting information from students and teachers about the health curriculum. For example, 100 percent of the health teachers asserted that AIDS and other sexually transmitted diseases are always covered in health class, while only 27 percent of students said the topics were always covered. Similarly, 50 percent of the health teachers said they always covered pregnancy prevention in their classes, while only 22 percent of students felt the topics were addressed.

Yet when the health teachers in discussion groups were asked about their ability to discuss these topics with students, they voiced frustration about not being able to talk about AIDS and teen pregnancy as directly as they would like. This suggests that the teachers were more forthcoming in conversation than in the survey.

Teachers in Mon Valley believe there is a high incidence of sexually transmitted diseases among students, based on the frequent questions students ask about their symptoms. In some Mon Valley districts, teachers have been told not to answer these questions in class. Furthermore, in response to high rates of teen pregnancies, some districts in the region have set up daycare facilities so that young mothers can stay in school. Nevertheless, Mon Valley public schools do not directly address the issue of birth control.

When students need sexual health services, nurses in some schools coordinate services with outside agencies. The referrals, made most often for high school and middle school girls, are offered only with parental permission. But school nurses are not involved in the delivery of health education and are not regarded by health teachers as a resource.

In Paterson, NJ, where the community suffers from a high incidence of AIDS, HIV/AIDS instruction is the strongest component of the health curriculum. The school district and the Paterson Division of Health team up to offer instruction in grades 1 through 12. In the early grades, classroom teachers present the curriculum but, as students get older, health teachers present much of the curriculum. Community organizations also offer HIV/AIDS instruction, but they only reach students who voluntarily participate in the programs.

Information on sexually transmitted diseases, pregnancy prevention and other sexual health issues is generally delivered by health teachers beginning in the fifth grade. But in interviews, it became apparent that much of the information students receive on teen pregnancy and sexually transmitted diseases comes from after-school or community programs.

In addition, the Paterson LEF's assessment showed the following:

- About 83 percent of parents said health is a priority in their schools most or all of the time. But only about 50 percent thought the schools provided health programs that helped parents raise their children.
- A school counselor noted that health educators were not well received at a school where they went to train teachers about HIV, and that there was a reluctance to talk about HIV/AIDS for fear of consequences.

Pennsylvania state content standards require schools to include information on HIV/AIDS, sexually transmitted diseases and pregnancy prevention in the health curriculum. But teachers in Lancaster, PA, complain that attention to these topics often takes a backseat to math and literacy. Many teachers said that little, if any, health instruction occurs due to a lack of emphasis from the school leadership and a lack of time.

The majority of survey respondents said they do not believe there is a clearly stated, widely accepted or commonly shared vision for school health education programs in the Lancaster district. Most do not believe that teachers who implement the health curriculum in the primary grades are adequately prepared. Furthermore, almost 75 percent of those surveyed said they believe that HIV/AIDS, pregnancy prevention and sexuality education are "less than somewhat established."

Who Decides What Children Learn About Sexual Health?

The good news is that most of the communities attack the issue of sexual health education with a coalition of players, suggesting a wide recognition that the task is too big for any one group or organization to handle. The players usually include the school district, health care providers and philanthropies.

The Buffalo LEF joined a coalition that included the Buffalo Board of Education, the United Way of Buffalo and Erie County, and the County of Erie. The coalition was created to support community/school collaborations. One goal of the partnership was to develop full-service schools that would integrate health services into the menu of school offerings. The framework was piloted with six Buffalo schools selected for their low academic performance and the number of children living in poverty.

To develop the framework, the coalition assembled a council that brought together some of the most influential leaders in the community, including the county executive, the mayor of Buffalo, the superintendent and board president of the Buffalo public schools, the president of United Way and western New York representatives for the New York State Board of Regents. After the leadership council was established, members were then selected to serve on the initiative. These included human service providers, public agency officials, state education officials, parents, community members and the LEF representative.

The Lancaster LEF partnered with three other organizations (the school district, the Lancaster Osteopathic Health Foundation and the United Way) to conduct their assessment of community capacity.

The Paterson LEF partnered with the school district, St. Joseph's Hospital, Paterson Community Health Center, the Hispanic Multipurpose Center of Paterson, Paterson Healthy Mothers Healthy Babies Coalition, the New Jersey Maternal Child Health Consortium, Paterson Community Health Center and Paterson Division of Health.

Strengthening Local Health Education Capacity

The LEF evaluations suggest that capacities to develop comprehensive health education programs varies from one region to the next.

On paper, Lancaster has a well-defined health education program replete with core content standards. But health education is not a high priority, does not have support from key leaders and operates in fragmented ways rather than as part of a comprehensive program. Furthermore, program components are not purposefully linked to after-school activities.

The involvement of community agencies is not consistent across all schools in Lancaster. Most organizations express a desire to provide health programs that support the curriculum, but they often have little idea how to connect with school programs and many school personnel are unaware of the benefits of more closely linking these organizations with schools.

Professional development is needed to create an interdisciplinary approach to health education. Planning time is available for specialized training, and various stakeholders have indicated a willingness to explore possibilities.

More than 100 organizations, family members and citizens participated in the original organizational meeting for the Network for Safe and Healthy Children. Creating the network is evidence that the community can rally to support resources for improved social services coordination for school children, including health services.

Paterson's efforts to build a comprehensive health service program are sustainable in large part because every school in the district is covered by the state supreme court's *Abbott* decision. This historic decision seeks to bring funding parity to New Jersey's poorest districts; subsequent regulations mandate funding for school health programs in all covered districts.

Included in the *Abbott* coverage are enhanced nutritional programs, family support teams to provide health and social service referrals, on-site health and social services, ongoing assessment of student health and social needs, and coordination of community resources.

Mon Valley believes the infrastructure available through the district-level school action committee, building-level design teams and school improvement teams will help foster support for comprehensive health initiatives. These committees and teams can act as liaisons between educators and the community and can help build awareness among all stakeholders about the impor-

The Paterson Education Fund is developing a statewide public engagement curriculum on HIV using innovative methods of engaging adults in conversation and improving parental questioning skills.

Paterson EDUCATION Fund

The Mon Valley Education Consortium believes the business, school and community representatives of existing school action committees all have a role in building awareness among all stakeholders about the importance of non-academic support for students.

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tance of non-academic support for students.

In Buffalo, the framework for capacity building is in place through a full-service schools pilot program. It is expected that the six schools in the pilot program will integrate health and social services into the school offerings so that they can support the non-academic needs of students.

Next Steps

Public schools can play a critical role in stemming the risky sexual behavior of adolescents. When combined with effective community input, the benefits of a comprehensive health education program can be magnified. In response to so many identified deficiencies, LEFs are taking steps to improve the quality and the reach of the health programs in their communities.

With PEN's support, the Paterson Education Fund is developing a statewide public engagement curriculum on HIV. Two innovative methods of engaging adults in conversation and raising the effectiveness of parental questioning skills will be used. The first, called an Indian Fish Bowl, is based on an American Indian tradition designed to increase listening and interviewing skills.

The second, called the Right Question Project, helps participants formulate the best questions to solicit the information they need. Training will most likely occur in the state's poorest districts first.

The Education Fund for Greater Buffalo hopes that a statewide mandate enacted in 2000 to teach HIV/AIDS as part of the health curriculum will boost local school efforts. The LEF, meanwhile, plans to use its parent liaisons as emissaries who can advocate for, and emphasize the importance of, HIV/AIDS education. Although plans are still being formulated, the LEF expects that its liaisons will go into schools and work with staff and teachers.

The Mon Valley Education Consortium, as noted previously, hopes to enlist the support of existing school action committees—which include business, school and community representatives—in efforts to heighten awareness of deficiencies in the health program. Other potential allies might be district-level design teams (which include representatives from each school) and school improvement team, building-level teams composed of principals and peer-selected teachers.

Because the Mon Valley LEF believes that the public is generally unaware of the depth of the prob-

Challenges to HIV/AIDS and Sexual Health Programs

- **Community ambivalence** about, or opposition to, schools being the locus of sexual health education
- School board **policies that impede communication** between staff and students
- Family **values that resist open discussion** about sexual topics with adolescents
- A structuring of educational priorities that leaves **limited time or resources** for sexual health
- **Difficulty getting accurate, complete and honest information** during the needs assessment process
- **Restrictions that prevent data collection** from students
- **Lack of alignment** between legislative mandates, the curriculum and what is actually being taught in the classroom

Indicators of School and Program Readiness

- **Existing collaborations** with important stakeholders, including social service agencies, medical providers, school administrators, parents and community leaders
- **Commitment** from school and district leadership
- **Building-level infrastructure** capable of delivering the services
- **Financial resources** to support enhanced services and an integrated curriculum
- **Legislative mandates** for districts and schools to provide comprehensive services

lem, it also is considering disseminating health statistics on adolescent sexual behavior through its website and newsletter.

From its surveys, the Lancaster Foundation for Educational Enrichment noted a need for better coordination among public schools and organizations outside of schools. These organizations are willing and able to provide health programs and activities to support the curriculum, but often school personnel are not aware of available programs or potential services. In recognition of this need, the County of Lancaster, the United Way and the Lancaster Osteopathic Health Foundation joined forces as the Network for Safe and Healthy Children to coordinate links between social service providers and schools. The LEF expects to use this network to improve HIV/AIDS services to students, increase the focus on pregnancy prevention and reduce the incidence of sexually transmitted diseases.

For More Information

More information about PEN's comprehensive school health initiative and on how local education funds have shaped local school health initiatives over the past six years is available on PEN's website (www.publiceducation.org/health).

www.PublicEducation.org/health

connects people and organizations providing support and enrichment for children and families to ensure that students perform at their best, academically and socially.

Community-based organizations, service agencies, teachers and community members can use **www.PublicEducation.org/health** in a variety of ways:

- Share ideas for improving school health programs
- Connect to other websites, districts and communities
- Find useful tools for assessing community needs and resources
- Exchange strategies and techniques for enhancing program effectiveness

Survival of the Fittest, an online toolkit for creating lasting comprehensive school health programs, is also available on PEN's website (www.publiceducation.org/health/tools/cshitoolkit.htm).

The CDC Divisions of HIV/AIDS Prevention provides fact sheets, Q&As in English and Spanish, basic statistics about the disease and prevention tools on its website (www.cdc.gov/hiv/dhap.htm).

CDC's School Health Programs At-A-Glance describes the eight components of school health programs, including benefits of school health education and success stories from the states (www.cdc.gov/nccdphp/dash/ataglanc.htm).

Tips for Choosing Program Partners

- **Supportive.** Agencies and organizations already familiar with and supportive of the work are good places to start building alliances.
- **Influential.** Partners should be well known and respected in the community and have the resources that can give the effort staying power.
- **Comprehensive.** Partners should offer relevant and comprehensive services, including social and medical services.
- **Credible.** Partners should include agencies or organizations that already have expertise in, or experience with, sexual education.

The Education Fund for Greater Buffalo found that Buffalo residents believe HIV/AIDS and pregnancy prevention programs are needed to develop healthy attitudes among Buffalo's children. At the same time, however, the community is ambivalent about the delivery of such services in school.

The Education Fund for Greater Buffalo

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